Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the standory requirement set forth in IC 5-2-15-3.

Date:	<u>09-13</u> -2 <u>010</u>	Address:	1506 N Sugarland Rd
Case #:	<u>10-346</u>		Washington, Indiana
County;	<u>Daviess</u>		475 <u>01</u>
Type of Laboratory Seizure (check one) ☐ Operational Lab ☐ Chemical/Glassware/Equipment (only) ☐ Dumpsite (only)		Scizure Location (c Residence Outbuilding Vehicle	check all that apply) Hotel/Motel Open – No Structure Other:
Items Found: Location (bedroom, kitchen, open air, etc) (check all that apply) Lithium/Ammonia Reaction(s):			
Red Phosphorous/Iodine Reaction(s):			
Flammable Solvents: Garage			
Water Reactive Mctal (Lithium): Vehicle			
Anhydrous Ammonia:			
☐ Hydrochloric Acid Gas Generator(s): <u>Trash</u>			
Corrosive Acid: Garage			
Corrosive Basc: Garage			
Other (item and location):			
∑ Yes 3 ·☐ No	r age 18 discovered (check one) (number present) port to Child Protective Services	Ephedrine	e Information e/Pscudocphedrine Tracking Log erchant Tip
This report is to be faxed to the following agencies that serve the location:			
Health Depa Child Protec	ment: Washington TWP VFD artment: Daviess Co. HD attion Service: Daviess Co. CPS	Fax: <u>812-2.</u> Fax: <u>812-2.</u>	<u>54-9754</u>
For further information regarding this methamphetamine laboratory, contact investigating Officer: Mark Anthony Worland Phone 812-254-1060			

This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

This form is to be included with the case tile, and a copy sent to the Claudestine Laboratory Team Leader for retention.